



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MOLD INDIVIDUAL REQUEST FOR DUPLICATE LICENSE/REGISTRATION OR CHANGE OF CONTACT INFORMATION INSTRUCTIONS

All information provided must be typed or printed in **black ink**.

1. LICENSEE'S NAME – Provide your legal name as it appears on your current license in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. SOCIAL SECURITY NUMBER – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

<https://www.texasattorneygeneral.gov/child-support> or call (512) 460-6000 or (800) 252-8014
3. DATE OF BIRTH – Provide your birthdate.
4. LICENSE NUMBER – Provide your complete license number as it appears on your license.
5. DUPLICATE LICENSE REQUEST – Check the appropriate box if you want a duplicate of your license and include the \$25 fee. Forms received without fee(s) will not be processed.
6. LICENSE TYPE THE INFORMATION NEEDS TO CHANGE ON – Check the box(s) that applies for the license you need to change information on.
7. NOTIFICATION: CHANGE MY NAME – Provide your new legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change (ex; Driver's License, Birth Certificate or Marriage Certificate). If you want an updated copy of your license or registration that shows your new name, you must submit the \$25 duplicate license fee/registration fee with this request.
8. NOTIFICATION: CHANGE MY MAILING ADDRESS – Provide your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a PO Box.
9. NOTIFICATION: CHANGE MY PHONE NUMBER – Provide your new phone number, including the area code.
10. NOTIFICATION: CHANGE MY EMAIL ADDRESS – Provide your new email address. Please provide your email address so the department may email license information and required notices to you. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
11. LICENSEE STATEMENT – Date and sign your request form. Changes to your record cannot be made if your request is not signed.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments as needed at <https://www.tdlr.texas.gov/help>. Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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DUPLICATE LICENSE/REGISTRATION FEE: \$25 (FEE IS NON-REFUNDABLE)

1. Name:

Last Name, First Name, Middle Name, Suffix (Jr, Sr, III)

2. Social Security Number:

(See instruction sheet for disclosure information)

3. Date of Birth:

Month/Day/Year

4. TDLR License/registration
Number:

DUPLICATE LICENSE/REGISTRATION REQUEST

5. Duplicate License Request: (check one) (**\$25 Fee Required**)

- ☐ Mold Assessment Consultant ☐ Mold Assessment Technician ☐ Mold Remediation Worker
☐ Mold Remediation Contractor

NOTIFICATION OF INFORMATION CHANGE

6. Change of Information: (check one) (no fee)

- ☐ Mold Assessment Consultant ☐ Mold Assessment Technician ☐ Mold Remediation Worker
☐ Mold Remediation Contractor

7. Change my name: (**see instructions**)

Last Name, First Name, Middle Name, Suffix (Jr, Sr, III)

8. Change my mailing address:

P.O. Box, Number, Street/Name/Apartment Number, City, State, Zip Code

9. Change my phone number:

(Area Code) Phone Number

10. Change my email address:

Ex: john.doe@gmail.com See instruction sheet for disclosure information

11. LICENSEE STATEMENT

I certify that I have read and will comply with all applicable provisions of the Mold Assessors and Remediators Act; Texas Occupations Code, Chapter 1958 and Chapter 51; and the Mold Assessor and Remediators Administrative Rules and the department's universal rules at 16 Texas Administrative Code, Chapter 78 and Chapter 60. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature of Licensee

Date Signed